

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name C. Scott Bounds / The C. Scott Bounds Campaign

Full Address 45 CARLA Dr. / P.O. Box 512 Philadelphia, MS 39350

Telephone 601-652-1765 (Fax) 601-389-2282

E-mail csbounds@bellsouth.net

Office Sought State Rep District 44 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	<u>1,500⁰⁰ / 400⁰⁰</u>	\$ <u>1,900⁰⁰</u>	\$ <u>1,900⁰⁰</u>
Total amount of disbursements	<u>300⁰⁰ 1082⁷⁴</u>	\$ <u>1,382⁷⁴</u>	\$ <u>1,382⁷⁴</u>
Total amount of cash on hand		\$ <u>34,264⁸⁹</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

C. Scott Bounds
Signature of Candidate

1-25-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee C. Scott Bounds
Reporting period 1-1-2009 through 12-31-09

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>QC Holdings, Inc</u>		<u>7/6/09</u>	\$ <u>250.00</u>
Mailing Address <u>9401 Indian Creek Parkway, Ste 1500</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Overland Park, Kansas 66210</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>QC Holdings</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Consumer Services</u>	Aggregate year-to-date		\$ <u>250.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT & T PAC</u>		<u>12/8/09</u>	\$ <u>500.00</u>
Mailing Address <u>175 E. Capitol St. Ste 702</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Jackson, MS 39201-2135</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>AT & T</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Telecommunications</u>	Aggregate year-to-date		\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Weyerhaeuser Co.</u>		<u>12/22/09</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 9769</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Federal Way, Washington 98063-9769</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Weyerhaeuser Co.</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Timber/Forest Products</u>	Aggregate year-to-date		\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific</u>		<u>12/22/09</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 61270</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Georgia-Pacific</u>		<u>1/1/</u>	\$
Occupation (Required) <u>Timber/Forest Products</u>	Aggregate year-to-date		\$ <u>250.00</u>

Name of Candidate or Committee C. Scott Bounds
 Reporting period 1-1-2009 through 12-31-09

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Golf Classics</u>	<u>5/31/09</u>	\$ <u>150.00</u>
Mailing Address		
<u>PO Box 850</u>	<u>11/29/09</u>	\$ <u>150.00</u>
City, State, Zip Code		
<u>Mt Minnville, TN 37111</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
<u>Signage Advertising</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$